

CENTRAL ILLINOIS CARPENTERS HEALTH & WELFARE TRUST FUND

200 South Madigan Drive • Lincoln • Illinois 62656 • phone 866-732-1919

DATE: August 2019
TO: Participants
FROM: Board of Trustees
RE: Summary Annual Report

SUMMARY ANNUAL REPORT FOR CENTRAL ILLINOIS CARPENTERS HEALTH AND WELFARE TRUST FUND

This is a summary of the annual report for the Central Illinois Carpenters Health and Welfare Trust Fund, Identification Number 37-1117215, for the plan year beginning January 1, 2018, and ending December 31, 2018. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974, (ERISA). The Central Illinois Carpenters Health and Welfare Trust Fund has committed itself to pay certain medical, prescription, life, dental, vision, and loss of time claims under the terms of the plan.

Insurance Information

The Trust Fund has a contract with BCS to pay the following types of claims incurred under the terms of the plan:

- Stop-loss claims

Because it is a so-called, experience-rated contract, the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ending December 31, 2018, the premiums paid under such experience-rated contract were \$532,670 and the total of all benefit claims paid under the experience-rated contract during the plan year was \$393,138.

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$30,646,989 as of December 31, 2018, compared to \$30,752,713 as of January 1, 2018. During the plan year, the plan experienced a decrease in its net assets of \$105,724. This decrease includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. The plan had total income of \$24,646,020. This income included employer contributions of \$23,073,435, employee contributions of \$2,557,759, realized losses of \$346,265 from the sale of assets, and earnings from investments of \$-973,153.

Plan expenses were \$24,751,744. These expenses included \$1,842,170 in administrative expenses and \$22,909,574 in benefits paid to participants and beneficiaries.

Your Right to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- An accountant's report;
- Financial information and information on payments to service providers;
- Transactions in excess of 5 percent of the plan assets;
- Assets held for investment;
- Insurance information including sales commissions paid by insurance carriers; and
- Information regarding any common or collective trust, pooled separate accounts, master trusts or 103-12 investment entities in which the plan participates.

To obtain a copy of the full annual report, or any part thereof, write to the office of the Fund, 200 S. Madigan Drive, Lincoln, IL 62656, phone (217) 732-1919. The charge to cover copying costs will be \$7.50 for the full annual report, or \$0.25 per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs does not include a charge for the copying of these portions of the report, because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the office of the Fund, 200 S. Madigan Drive, Lincoln, IL 62656 and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: U.S. DEPARTMENT OF LABOR, EMPLOYEE BENEFITS SECURITY ADMINISTRATION, PUBLIC DISCLOSURE ROOM, 200 CONSTITUTION AVENUE, NW, SUITE N-1513, WASHINGTON, D.C. 20210.